


United States Bankruptcy Court  
61288, Houston TX 77208SOUTHERN DISTRICT OF TEXAS P.O.Box  
(Houston Division)

PROOF OF CLAIM

Name of Debtors ___ Stage Stores, Inc., a Delaware corporation <input checked="" type="checkbox"/> Specialty Retailers, Inc., a Texas corporation ___ Specialty Retailers, Inc. (NV), a Nevada corporation *place an "x" beside the name of the Debtor you are filing a claim against		Case Number 00-35078-H2-11 00-35079-H2-11 00-35080-H2-11	Creditor ID#: 788-60580  United States Bankruptcy Court Southern District of Texas FILED  <b>JUL 07 2000</b>  Michael N. Milby, Clerk
Name of Creditor (The person or other entity to whom the debtor owes money or property):  The AL tus Times	Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.		
Name and address where notices should be sent: *****AUTO**3-DIGIT 735 The AL tus Times 218 W Commerce St Altus OK 73521-3810  	Check box if you have never received any notices from the bankruptcy court in this case  Check box if the address differs from the address on the envelope sent to you by the court.		
Account or other number by which creditor identifies debtor: 17589		Check here ___ replaces ___ amends a previously filed claim, dated: ___	
<b>1. Basis for Claim</b> ___ Goods sold ___ Services performed ___ Money loaned ___ Personal injury/wrongful death ___ Taxes <input checked="" type="checkbox"/> Other <u>advertisements</u>		___ Retiree benefits as defined in 11 U.S.C. § 1114(a) ___ Wages, salaries, and compensation (Fill out below) Your SS#: _____ Unpaid compensation for services performed from _____ to _____ (date) (date)	
<b>2. Date debt was incurred:</b> <u>5-4-00</u>		<b>3. If court judgment, date obtained:</b>	
<b>4. Total Amount of Claim at Time Case Filed:</b> \$ <u>1625.01</u> If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below. ___ Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.			
<b>5. Secured Claim.</b> ___ Check this box if your claim is secured by collateral (including a right of setoff).  Brief Description of Collateral: ___ Real Estate ___ Motor Vehicle ___ Other All personal and intangible property of Debtor's Estate  Value of Collateral: \$ _____  Amount of arrearage and other charges at time case filed included in secured claim, if any \$ _____		<b>6. Unsecured Priority Claim.</b> ___ Check this box if you have an unsecured priority claim Amount entitled to priority \$ _____ Specify the priority of the claim: ___ Wages, salaries, or commissions (up to \$4,300),* earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3) ___ Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4). ___ Up to \$1,950* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6). ___ Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7). ___ Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8). ___ Other - Specify applicable paragraph of 11 U.S.C. § 507(a)_____. *Amounts are subject to adjustment on 4/1/98 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.	
<b>7. Credits:</b> The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.		This Space Is for Court Use Only	
<b>8. Supporting Documents:</b> Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.		439	
<b>9. Date-Stamped Copy:</b> To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.			
Date <u>7/6/00</u>	Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any): <u>Jerry Pittman</u> Jerry Pittman, publisher		
Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.			



THE ALTUS TIMES  
218 WEST COMMERCE ST.  
ALTUS, OKLAHOMA 73521  
PHONE (405)482-1221

STAGE STORES  
ATT: ADV BUSINESS OFFICE  
PO BOX 35718  
  
HOUSTON TX 77235

02

DUE UPON RECEIPT

DATE	TOTAL BALANCE DUE
5/31/00	1,625.01
ACCOUNT NUMBER	AMOUNT PAID
17589	

AT

DETACH & RETURN THIS PORTION WITH PAYMENT

DATE	DESCRIPTION	CLASS	RATE	INCHES	LINES	TIMES	AMOUNT
05/01/00	BALANCE FORWARD						1,625.01
05/04/00	DISPLAY EARNED BEST BRANDS		6.080	30.00			182.40
05/11/00	DISPLAY EARNED MOM'S DAY		6.080	66.00			401.28
05/17/00	PREPRINTS		53.500				267.50
05/17/00	PREPRINTS SHOPPER		53.500				433.35
05/22/00	PAYMENT THANK YOU						1,625.01-
05/24/00	DISPLAY EARNED		6.080	56.00			340.48
	DISPLAY:(110)=		152.00				

THE ALTUS TIMES  
PO BOX 578, ALTUS OK 73521

152.00

1,625.01

PAST DUE

TOTAL INCHES

TOTAL LINES

CURRENT CHARGES

0.00

0.00

0.00

PAST DUE BALANCE  
FROM PREVIOUS MONTHS

0.00

OVER 90 DAYS

60 DAYS

30 DAYS

17589 STAGE STORES

PAY THIS AMOUNT

1,625.01

PLEASE SHOW ACCOUNT NUMBER ON CHECK